



# MEMBERSHIP FORM

New Member     
  Renewal     
 Membership Number

## Personal Information

Full Name

Residential Address

Postal Address

Email

Phone       Mobile

SSAA Membership Number  (copy of membership required)

Cat A / B Firearms License No.       State

Are you an FCSA Member? Membership Number  (recommended)

## Payment Information

	Annual Membership Fee	Joining Fee	Total New Member Fee
Adults	\$10	\$45	\$55
Juniors	Free	\$15	\$15

Payment Method   
  Cash   
  Cheque (payments made to SSAA LRSC, PO Box 464, Mildura 3502)

Amount Paid      
 Date Paid  /  / 20

Office Use

Date Membership Received	<input type="text"/> / <input type="text"/> / 20	Receipt No.	<input type="text"/>
Date Hat Supplied	<input type="text"/> / <input type="text"/> / 20	Membership Number	<input type="text"/>